

## Form 1040 U.S. Individual Income Tax Return

206 CLIENT'S COPY

CONFIDENTIAL

Label  
(See instructions.)Use the  
IRS label.  
Otherwise,  
please print  
or type.Presidential  
Election  
Campaign  
(See instructions.)

For the year Jan 1 - Dec 31, 2001, or other tax year beginning

, 2001, ending

Use only — Do not write or staple in this space.

Your First Name

MI

Last Name

ANUCHA

BROWNE-SANDERS

OMB No. 1545-0074

Your Social Security Number

If a Joint Return, Spouse's First Name

MI

Last Name

Spouse's Social Security Number

Home Address (number and street). If You Have a P.O. Box, See Instructions.

Apartment No.

actions.

▲ Important! ▲  
You must enter your social  
security number(s) above.

Note: Checking 'Yes' will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? .....

You

Spouse

☒ Yes ☐ No☐ Yes ☐ No

## Filing Status

1 ☐ Single2 ☐ Married filing joint return (even if only one had income)3 ☐ Married filing separate return. Enter spouse's SSN above & full name here4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here5 ☐ Qualifying widow(er) with dependent child (your spouse died .....6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6ab ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see instrs)

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instrs)

Dependents on 6c not entered above

Add numbers entered on lines above

(1) First name

Last name

(2) Dependent's social security

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see instrs)

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instrs)

Dependents on 6c not entered above

Add numbers entered on lines above

d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9 Ordinary dividends. Attach Schedule B if required

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a Total IRA distributions

15a

b Taxable amount (see instrs)

16a Total pensions &amp; annuities

16a

b Taxable amount (see instrs)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20a

b Taxable amount (see instrs)

21 Other income

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

23 IRA deduction (see instructions)

24 Student loan interest deduction (see instructions)

25 Archer MSA deduction. Attach Form 8853

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed health insurance deduction (see instructions)

29 Self-employed SEP, SIMPLE, and qualified plans

30 Penalty on early withdrawal of savings

31a Alimony paid to Recipient's SSN

32 Add lines 23 through 31a

33 Subtract line 32 from line 22. This is your adjusted gross income

7 163,158.

8a 39.

9 366.

10

11

12 -13,326.

13

14

15a

15b

16a

16b

17

18

19

20a

20b

21

22 150,237.

23

24

25

26

27

28

29

30

31a

32

33 150,237.

## Income

Attach Forms  
W-2 and W-2G  
here. Also attach  
Form(s) 1099-R if  
tax was withheld.

If you did not  
get a W-2, see  
instructions.

Enclose, but do  
not attach, any  
payment. Also,  
please use  
Form 1040-V.

Adjusted  
Gross  
Income

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 12/10/01

Form 1040 (2001)

PL04299

Form 1040 (2001) **ANUCHA BROWNE-SANDERS** **CONFIDENTIAL** Page 2

**Tax and Credits**

34 Amount from line 33 (adjusted gross income) 34 150,237.

35a Check if: ☒ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind. Add the number of boxes checked above and enter the total here 35a 1

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 35b ☐

36 (Itemized deductions (from Schedule A) or your standard deduction (see left margin)) 36 44,125.

37 Subtract line 36 from line 34 37 106,112.

38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions 38 11,600.

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 94,512.

40 Tax (see instrs). Check if any tax is from a ☐ Form(s) 9814 b ☐ Form 4972 40 21,489.

41 Alternative minimum tax (see instructions). Attach Form 6251 41 2,746.

42 Add lines 40 and 41 42 24,235.

43 Foreign tax credit. Attach Form 1116 if required. 43

44 Credit for child and dependent care expenses. Attach Form 2441 44 960.

45 Credit for the elderly or the disabled. Attach Schedule R 45

46 Education credits. Attach Form 8863 46

47 Rate reduction credit. See the worksheet 47

48 Child tax credit (see instructions) 48

49 Adoption credit. Attach Form 8939 49

50 Other credits from a ☐ Form 3200 b ☐ Form 8950 c ☐ Form 8901 d ☐ Form (specify) 50

51 Add lines 43 through 50. These are your total credits 51 960.

52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- 52 23,275.

**Other Taxes**

53 Self-employment tax. Attach Schedule SE 53

54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 54

55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5229 if required 55

56 Advance earned income credit payments from Form(s) W-2 56

57 Household employment taxes. Attach Schedule H 57

58 Add lines 52-57. This is your total tax 58 23,275.

**Payments**

59 Federal income tax withheld from Forms W-2 and 1099 59 33,087.

60 2001 estimated tax payments and amount applied from 2001 return 60

61a Earned income credit (EIC) 61a

b Nontaxable earned income 61b

62 Excess social security and RRTA tax withheld (see instrs) 62 310.

63 Additional child tax credit. Attach Form 8812 63

64 Amount paid with request for extension to file (see instructions) 64

65 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 65

66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments 66 33,397.

**Refund**

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid 67 10,122.

68a Amount of line 67 you want refunded to you 68a 10,122.

b Routing number c Type: ☐ Checking ☐ Savings

d Account number 69 Amount of line 67 you want applied to your 2002 estimated tax 69

**Amount You Owe**

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions 70

71 Estimated tax penalty. Also include on line 70 71

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's Name **Preparer** Phone No. Personal Identification Number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Your Occupation \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Spouse's Signature, if a Joint Return, Both Must Sign \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's Signature \_\_\_\_\_ Date 04/11/2002 Check if self-employed ☒

Firm's Name (or yours if self-employed) CPA \_\_\_\_\_

Address, and ZIP Code \_\_\_\_\_

**REDACTED**

PL 04300 Form 1040 (2001)

Schedule A  
(Form 1040)

## Itemized Deductions

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OMB No. 1545-0074

2001  
07Department of the Treasury  
Internal Revenue Service (99)▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).

Name(s) Shown on Form 1040

Your Social Security Number

ANUCHA BROWNE-SANDERS

<b>Medical and Dental Expenses</b>		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 34	2			
3	Multiply line 2 above by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		5	State and local income taxes	11,922.	
6	Real estate taxes (see instructions)	6		8,106.	
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			20,028.
<b>Interest You Paid</b>		10	Home mtg interest and points reported to you on Form 1098	20,121.	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11			
(See instructions.)		12			
12	Points not reported to you on Form 1098. See instrs for spl rules	12			
13	Investment interest. Attach Form 4952 if required. (See instrs.)	13		405.	
14	Add lines 10 through 13	14			20,526.
<b>Gifts to Charity</b>		15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	4,090.	
16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			4,090.
<b>Casualty and Theft Losses</b>		19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
<b>Job Expenses and Most Other Miscellaneous Deductions</b>		20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		
21	Tax preparation fees	21			
22	Other expenses — investment, safe deposit box, etc. List type and amount ▶	22			
23	Add lines 20 through 22	23			
24	Enter amount from Form 1040, line 34	24			
25	Multiply line 24 above by 2% (.02)	25			
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			
<b>Other Miscellaneous Deductions</b>		27	Other — from list in the instructions. List type and amount ▶		
<b>Total Itemized Deductions</b>		28	Is Form 1040, line 34, over \$132,950 (over \$66,475 if MFS)?		
			<input type="checkbox"/> No. Your deduction is not limited. Add the amts in the far right col for lines 4 through 27. Also, enter this amt on Form 1040, line 36.		
			<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.		
				28	44,125.

Itemized Deductions Limited per IRC Sec. 68.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIA0301 01/07/02

Schedule A (Form 1040) 2001

PL04301

Department of the Treasury  
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

2001

09

Name of Proprietor

ANUCHA BROWNE-SANDERS

Social Security Number (SSN)

A Principal Business or Profession, Including Product or Service (see instructions)

DIRECT MARKETING

B Enter Code from Instructions

454390

C Business Name. If No Separate Business Name, Leave Blank.

D Employer ID Number (EIN), if Any

E Business Address (including suite or room no.,  
City, Town or Post Office, State, and ZIP Code)F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_G Did you 'materially participate' in the operation of this business during 2001? If 'No,' see instructions for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 2001, check here ☐**Part I Income**1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the  
'Statutory employee' box on that form was checked, see the instructions and check here ☐

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42 on page 2)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including federal and state gasoline or fuel tax credit or refund

7 Gross income. Add lines 5 and 6

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8 Advertising	8	480.	19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instrs)	10	6,160.	a Vehicles, machinery, and equipment	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13	698.	22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17	275.	d Subtract line 24c from line 24b	24d	
18 Office expense	18		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	5,713.
				28	13,326.
29 Tentative profit (loss). Subtract line 28 from line 7	29			29	-13,326.
30 Expenses for business use of your home. Attach Form 8829	30			30	
31 Net profit or (loss). Subtract line 30 from line 29.	31			31	-13,326.

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☒ All investment is at risk.32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2001

Schedule C (Form 1040) 2001 ANUCHA BROWNE-SANDERS

**Part III** Cost of Goods Sold (see instructions)

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Page 2

33 Method(s) used to value closing inventory a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor. Do not include any amounts paid to yourself

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4

42

**Part IV** Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) 02/13/2001

44 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:  
a Business 17,856 b Commuting c Other 18,13045 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No46 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written?

**Part V** Other Expenses. List below business expenses not included on lines 8 - 26 or line 30. ☐ Yes ☒ No

TELEPHONE	1,623.
BOOKS, SUBSCRIPTIONS	1,720.
INTERNET	263.
POSTAGE	264.
PARKING & TOLLS	149.
PROFESSIONAL DUES	1,694.
48 Total other expenses. Enter here and on page 1, line 27	5,713.

Schedule C (Form 1040) 2001



Department of the Treasury  
Internal Revenue Service (99)

Attach to Form 1040.

See separate instructions.

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Name(s) Shown on Form 1040

ANUCHA BROWNE-SANDERS

Your Social Security Number

Before you begin: You need to understand the following terms. See Definitions in the instructions.

• Dependent Care Benefits

• Qualifying Person(s)

• Qualified Expenses

• Earned Income

**Part I** Persons or Organizations Who Provided the Care -- You must complete this part.  
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	SUMMIT YMCA	67 MAPLE STREET SUMMIT NJ 07901	221-48-7392	5,755.

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 57.

**Part II** Credit for Child and Dependent Care Expenses

REDACTED

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.  
(a) Qualifying person's name

First

Last

(b) Qualifying person's social  
security number(c) Qualified expenses  
you incurred and paid  
in 2001 for the person  
listed in column (a)

2,775.

2,980.

3 Add the amounts in column (c) of line 2. Do not enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 24

3

4,800.

4 Enter your earned income

4

149,832.

5 If married filing a joint return, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4

5

149,832.

6 Enter the smallest of line 3, 4, or 5

6

4,800.

7 Enter the amount from Form 1040, line 34

7

150,237.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 - 10,000		.30
10,000 - 12,000		.29
12,000 - 14,000		.28
14,000 - 16,000		.27
16,000 - 18,000		.26
18,000 - 20,000		.25

If line 7 is:

Over	But not over	Decimal amount is
\$20,000 - 22,000		.24
22,000 - 24,000		.23
24,000 - 26,000		.22
26,000 - 28,000		.21
28,000 - No limit		.20

8

X

0.20

9 Multiply line 6 by the decimal amount on line 8. Enter the result here and on Form 1040, line 44. But if this amount is more than the amount on Form 1040, line 42, minus any amount on line 43, or you paid 2000 expenses in 2001, see the instructions for the amount to enter on line 44

9

960.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2001)

Form **4952**

## Investment Interest Expense Deduction

OMB No. 1545-0191

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

**CONFIDENTIAL****2001**  
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Name(s) Shown on Return

ANUCHA BROWNE-SANDERS

Identifying Number

**Part I** Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2001. See instructions	1	1,206.
2	Disallowed investment interest expense from 2000 Form 4952, line 7. <b>REDACTED</b>	2	
3	Total investment interest expense. Add lines 1 and 2.	3	1,206.

**Part II** Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	405.
4b	Net gain from the disposition of property held for investment	4b	
4c	Net capital gain from the disposition of property held for investment	4c	
4d	Subtract line 4c from line 4b. If zero or less, enter -0-	4d	
4e	Enter the amount from line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions	4e	
4f	Investment income. Add lines 4b, 4d, and 4e. See instructions	4f	405.
5	Investment expenses. See instructions	5	
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-	6	405.

**Part III** Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2002. Subtract line 6 from line 3. If zero or less, enter -0-	7	801.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	405.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2001)